

Year-End Reporting System (YERS)

Application for System Access

1. Company Information

By completing the information below, I request access to the Drug Enforcement Administration's (DEA) online Year-End Reporting System (YERS).

DEA Manufacturing Registration Number:	
Company Name:	
Address1:	
Address2:	
City:	
State:	
Zip Code:	
Point of Contact (POC):	
POC Telephone:	
Email:	
Facsimile:	

2. Registration Information

List any additional DEA **manufacturing** registration number(s) that will be included in the YERS report submitted by the above DEA number. Please DO NOT submit registration numbers for different registration types (i.e. distributor, importer, exporter, research, chemical analysis, etc.)

3. User Agreement

I certify that I will protect the username and password that I receive from disclosure to unauthorized persons. If I am issued an administrative password, I acknowledge that I will be responsible for creating, modifying, and deleting user accounts within my organization, and that I am responsible for establishing a security policy within my organization to prevent disclosure of those user accounts to unauthorized persons. I will notify DEA immediately if I suspect a compromise of my username or password. I will also notify the DEA promptly of changes in personnel that affect account information or if I no longer need access to the YERS online application. I understand that failure to comply with this agreement may result in unauthorized disclosure of my information, and termination of my account.

Signature of Authorized Person	Date

Printed Name